

## State of Washington Application for a Water Right

OF ECOLOGY Use

Beceived

Fee Paid

DEC 0 4 2006

Date 12-4-06

Please follow the attached instructions to avoid unnecessary delays

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM
Name Charles G Cynthia Flynn Home Tel: (425) 259 - 2151
Mailing Address 3321 Hoyt Ave Work Tel: (425) 294 - 7237
City EVERETT StateWA Zip+498201 +4312 FAX:( ) - NA
Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION  Same as above  Alternative address;
Name Flynn - C.D. Martha Cummings Home Tel: (609) 682 - 7146
Mailing Address 109 lowa Ct Work Tel:(
City <u>Chelan</u> State <u>WH</u> Zip+4 988 16 + FAX:() -
Relationship to applicant
Section 3. STATEMENT OF INTENT
The applicant requests a permit to use not more than
☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
From/ to/
Section 4. WATER SOURCE
If SURFACE WATER If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  A permit is desired for well(s).  See affached well construction report
Number of diversions:
Source flows into (name of body of water):  Size & depth of well(s):
LOCATION
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:  Parcel # 282-221500210
If location of source is platted, complete  4 of 4 of Section Township Range(E/W) County below:
Lot Block Subdivision
NE NW 2 28 NR 22 C'relan 21 Chelan Trails
For Ecology Use Date Received: 2/4/2006 Priority Date: 12/4/2006
SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #

Appl. No.: G4-35/32

Sect	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: U.A.
В.	Briefly describe your proposed water system. (See instructions.)  6" Diameter, 306 feet Deep for Maximum 4 acres grape  Irrigation and domestic (multiple-mother-in kw)
C.	Do you already have any water rights or claims associated with this property or system?   PROVIDE DOCUMENTATION.
311103111000111	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION mpleted for all domestic/public supply uses.)
A.	Number of "connections" requested: 2 Type of connection Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections. N.A.
C.	Do you have a current water system plan approved by the Washington State Department of Health?   If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
111003111110022	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION mplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: <u>no more than</u> 4
B.	List total number of acres for other specified agricultural uses:
	Use Acres NA Use Acres NA Use Acres NA
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 6000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no:</li> </ol>
E.	Farm uses: MA: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Will yo	bu be using a dam, dike, or other structure to retain or store water?	LI YES INO
some po	If you will be storing 10 acre-feet or more of water and/or if the water deportion of the storage will be above grade, you must also apply for a reservotion from the Department of Ecology.	
Sect	ion 9. DRIVING DIRECTIONS	
Provide From Veev ski' stay male road i Har Sect	e detailed driving instructions to the project site.  Hown of Chulm, head out toward Manson on Storight anto Boyd Rd and head up into the hisian/Cooper Gulch and continue for a mile to the left. Take next right up Swamson Gulcos turn right andirt road - Chulan Trails Rd used to bends to the night. Our lot is the lower lot next bends to the night. Our lot is the lower lot next lind Map. Address: 645 Chulan Trails Rd.  ion 10. REQUIRED MAP	2.160, about a mileout of Chilar) ills. Turn right at Echo Valley or less where the road splits, h. Right about where pavement be Carr Rd. Go up rd, stay right at to the large log home (before) Se
Α.	Attach a map of the project. (See instructions.)	
Sedi	ion 11. PROPERTY OWNERSHIP	
A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide	✓YES □ NO e the name(s) and address(es) of the owner(s):
В.	Does the applicant own the land on which the water source is locat If no, submit a copy of agreement:	ed?
to proc monito	by that the information above is true and accurate to the best of the sess my application, I grant staff from the Department of Ecologoring purposes. Even though I may have been assisted in the proyees of the Department of Ecology, all responsibility for the accuracy	y access to the site for inspection and eparation of the above application by the
4	ant (or authorized representative)	11/28/06
Applica	ant (or authorized representative) D	ate
[ ondo-	wner for place of use (if same as applicant, write "same")	ata
Landov	when for place of use (it same as applicant, write "same")	ate

Section 8. WATER STORAGE

We are returning your application for the following	g reason(s):			
Examination fee was not enclosed			TO CASHIE	r PLEASE RETU R, PO BOX 512 A 98509-5128
Section number(s)ncomplete	is/are		APPLICANT TO THE APPREGIONAL	
Explanation:			4	
		<i>3</i> .	to .	
Please provide the additional information requeste	ed above and return you (date).	ur applic	ation by	

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

Ecology is an Equal Opportunity employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).